

INSTRUCTIONS FOR COMPLETING CONVERSION APPLICATION

1. Complete page 1 of the application. Sign and date the form.
2. Refer to page 2 for information on beneficiary designations and complete the beneficiary forms. Sign and date section 4 (Authorization/Signature).
4. See reverse for special instructions applicable to Servicemembers' and Veterans' Group Life Insurance.
5. Mail the completed application with the 1st premium payment to:

The Prudential Insurance Company of America
 Group Medical Underwriting and Conversions
 Mail Stop NJ-11-01-03
 290 W. Mt. Pleasant Avenue
 Livingston, NJ 07039-2729

You may visit us on line at www.prudential.com/giconversions or call our toll-free number at 877-889-2070.

Insurance under the individual contract will become effective on the day after the last day of the conversion period provided by the group policy. If the effective date is after the 28th day of the month, the individual contract will be dated the 1st of the next month.

Employer/Association	Policy /Control Number	Social Security Number
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Insured's Name - First, Middle Initial, Last (Please print)

Address - Street	City	State	ZIP Code
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
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Type of policy applying for:	Amount of Insurance Requested:
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PGL

If you were insured for accidental death benefits under the group plan you may be eligible to add an accidental death benefit (ADB) rider to the conversion policy. ADB pays an additional benefit if death is due to an accident as defined in the individual policy. The amount of ADB is equal to the amount of life insurance coverage you are converting.*

*Not available for Florida residents. The accidental death benefit is available for amounts between \$25,000 and \$500,000.

Are you requesting ADB ? ☐ Yes ☐ No

Premiums Payable: ☐ Annually ☐ Quarterly ☐ PruMatic/Monthly*

*Monthly is only via electronic funds transfer (EFT) from bank account. If you select this option, please contact our toll-free number above for the EFT form.

Amount Paid (The full first premium must always be paid with application.)

\$

Present Employer Name and Address:

Can you get group life insurance with your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you now applying, or have you applied in the last 31 days, for any other Prudential insurance contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I hereby request that Prudential convert my current group coverage into an individual policy. The terms of this conversion policy shall be in accordance with the conversion provision of the group insurance contract.

I declare that, to the best of my knowledge and belief, the above statements are complete and true.

OWNERSHIP: Unless otherwise requested, the owner of the contract will be the proposed insured.

Signature of Insured	Date
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Witness (Not Beneficiary)	Date
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Application Location (City and State where Application is signed)

THE FOLLOWING SPECIAL INSTRUCTIONS APPLY ONLY TO SERVICEMEMBERS' AND VETERANS' GROUP LIFE INSURANCE CONVERSIONS

1. Insert in the space entitled "Employer/Association" in the Conversion Application, the words "Servicemembers'" or "Veterans' Group Life Insurance" (VGLI), whichever is applicable.
2. On the Conversion Application, leave blank the spaces reserved for Policy/Control Number. Attach the authorization letter or the copy of evidence for conversion. Unless otherwise requested, insurance under the individual contract, if issued, will take effect as of the later of (a) the date the Conversion Application is completed and (b) the date following the last day of life insurance protection under the group policy as shown in the copy of evidence of conversion.

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this to designate the beneficiary(ies) for your converted group insurance death proceeds. You may name anyone or any entity as your beneficiary, and you may change your beneficiary at any time, by completing a new Insurance Beneficiary Designation/Change form. Common designations include individuals, estates, corporation/organizations, and trusts.

DEFINITIONS

You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) – the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) dies (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

1. INSURED INFORMATION

- All information in this section is required.

2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name up to four primary and four contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.

Individual: "Mary A. Doe"

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe" not "Mrs. M. Doe")
- Include the address, relationship, and Social Security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

Estate: "Estate of the Insured"

- Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
- Indicate the percentage to be assigned to the Estate of the Insured.

Corporation/Organization: "ABC Charitable Organization"

- Select "Other" as the Beneficiary Description.
- Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- You must provide the address, city, and state of operation for each organization or corporation listed.
- Indicate the percentage to be assigned to the corporation or organization.

Trust: "The John Doe Trust. A Trust with a Trust Agreement dated 1/1/99 whose Trustee is Jane Smith".

- Select "Trust" as the Beneficiary Description.
- Indicate the percentage to be assigned to the trust.
- Complete Section 3, Trust Designation.

3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

4. AUTHORIZATION/SIGNATURE

- The insured must read, sign, and date the authorization.

1 INSURED'S INFORMATION (Please print)

First Name, Middle Initial, Last Name

2 BENEFICIARY DESIGNATION**Primary Beneficiaries**Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /

TOTAL Share %: (must equal 100%)

2 BENEFICIARY DESIGNATION continued

Contingent Beneficiaries

Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /

Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /

Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /

Beneficiary Description (Check one) ☐ Individual ☐ Trust ☐ Other

First Name MI Last Name

Address (Include City, State, and ZIP)

Relationship Social Security Number % Share
/ /

TOTAL Share %: (must equal 100%)

3 TRUST DESIGNATION – COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY

Trustee's Name (First, Middle Initial, Last)

Address (Include City, State, and ZIP)

And successor(s) in trust, as Trustee(s) under _____ dated _____ as amended
and executed by me and said Trustee. Title of Agreement Date of Agreement

4 AUTHORIZATION/SIGNATURE – I authorize The Prudential Insurance Company of America to record and consider the individuals/institutions that I have named on this form as beneficiaries. If designating a trust as a beneficiary, I understand The Prudential Insurance Company of America assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), The Prudential Insurance Company of America has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by The Prudential Insurance Company of America. I agree that if The Prudential Insurance Company of America makes any payment(s) to the Trustee(s) before notice is received, The Prudential Insurance Company of America will not make payment(s) again.

Insured's Signature _____ Date _____

The insured must sign and date this form. The signature date must be the date the insured actually signed the form.